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Time needed to complete: 58m

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All Oral Iron Therapies Are Not Created Equal

Announcer:

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Dr. Cavens:

This is CME on ReachMD, and I'm Dr. Arjeme Cavens from Northwestern University, and I'm here today with my colleague, Dr. Lee Shulman.

So, Lee, I think we all know that patients have some difficulty adhering to oral iron therapies that may be recommended over the counter or may be prescribed to them. This is mostly due to GI [gastrointestinal] side effects, and often this contributes to these therapies really not being as effective as they could be. We certainly know that pregnant patients in the first trimester, for example, will often require iron and can't be offered IV iron therapy at that point due to the lack of safety data. Now on top of that, there are some patients that just in general may be a little more resistant to IV iron. So can you help us understand a little bit better whether or not all oral iron supplementation is truly equivalent?

Dr. Shulman:

Well, Arjeme, it's great to be here with you today. And, in one sense, they're all equivalent in that they all contain iron. But they range in a wide variety of differences from the cations that they're associated with to the doses of iron and to the fact that whether they're prescriptive or over the counter, they are, in general, associated with a poor GI side effect profile. And it's that poor GI side effect profile that truly limits their ability to ultimately provide the iron that's needed to reverse the iron deficiency. If you have an effective regimen that's not being taken, it's no longer an effective regimen.

I think it's important to understand that changing the dosing from once a day to every other day doesn't necessarily reduce the inability of that regimen to provide the adequate iron supplementation. I think it's important that our audience knows that recently there was a new prescriptive regimen, ferric maltol, that has been shown to be a much better tolerated oral regimen. I think it's important for our audience to know that in clinical trials of ferric maltol, that when the product is used consistently and correctly over the course of 12 weeks, that the increase in serum iron levels is comparable to that seen with IV iron. Again, highlighting the importance, not just that it provides an effective dose of iron, but also that its good tolerability facilitates proper use and consistent use over the course of time.

I think our audience also should understand that unless there is a temporal need for a rapid replacement of lost iron, for example, if a patient is being sent to the operating room in the next week or so, that IV irons are specifically recommended and indicated – especially in situations of iron deficiency – in cases where there's been a failure of the oral iron regimen to provide the adequate iron supplementation. So while IV iron is effective, it is costly, it has its own side effect profile, and I think it's important that for the vast majority of women who are seeking iron supplementation – whether they be pregnant, as Arjeme said, who can't use IV iron, but even those who could use IV iron – that in many cases, if not almost all cases it's best to start with an oral iron regimen, and in particular an oral iron regimen that's been shown to have a far better tolerability than the width and breadth of prescriptive and over-the-counter regimens.

Dr. Cavens:

And that's also important to keep in mind. Key takeaways, that for instance, clinicians, when we do have a patient that needs iron supplementation, we, as you mentioned, do have to take into account the convenience of that regimen, the ease of dosing, administration, the tolerability, and also the cost to the patient.

Now, time is of the essence, and the earlier we can correct iron deficiency and associated anemia, especially in pregnancy, the better. And as you mentioned, the best option is really to start with an oral regimen as long as there is sufficient time remaining, but also to recognize that not all of these oral preparations are equally tolerated, and to that end, they're not all as equally effective either.

On that note, I think, Lee, this has been a great micro discussion, but unfortunately our time is up. Thank you all for listening.

Announcer:

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